

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	MH	70971	10/3
O.I.P.E. CLASSIFIER			10/16-00
FORMALITY REVIEW			10/17-12/14
RESPONSE FORMALITY REVIEW			

**BEST AVAILABLE COPY**

## INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
— (Through numeral) ...	Canceled	A	Appeal
÷	Restricted	O	Objected

Claim	Date	Claim	Date	Claim	Date
Final	Original	Final	Original	Final	Original
1	5/27	11	5/1	101	
2	5/29	12	5/2	102	
3	5/30	13	5/2	103	
4	5/30	14	5/4	104	
5	5/30	15	5/5	105	
6	5/30	16	5/6	106	
7	5/30	17	5/7	107	
8	5/30	18	5/8	108	
9	5/30	19	5/9	109	
10	5/30	20	5/10	110	
11	5/30	21	5/11	111	
12	5/30	22	5/12	112	
13	5/30	23	5/13	113	
14	5/30	24	5/14	114	
15	5/30	25	5/15	115	
16	5/30	26	5/16	116	
17	5/30	27	5/17	117	
18	5/30	28	5/18	118	
19	5/30	29	5/19	119	
20	5/30	30	5/20	120	
21	5/30	31	5/21	121	
22	5/30	32	5/22	122	
23	5/30	33	5/23	123	
24	5/30	34	5/24	124	
25	5/30	35	5/25	125	
26	5/30	36	5/26	126	
27	5/30	37	5/27	127	
28	5/30	38	5/28	128	
29	5/30	39	5/29	129	
30	5/30	40	5/30	130	
31	5/30	41	5/31	131	
32	5/30	42	6/1	132	
33	5/30	43	6/2	133	
34	5/30	44	6/3	134	
35	5/30	45	6/4	135	
36	5/30	46	6/5	136	
37	5/30	47	6/6	137	
38	5/30	48	6/7	138	
39	5/30	49	6/8	139	
40	5/30	50	6/9	140	
41	5/30			141	
42	5/30			142	
43	5/30			143	
44	5/30			144	
45	5/30			145	
46	5/30			146	
47	5/30			147	
48	5/30			148	
49	5/30			149	
50	5/30			150	

If more than 150 claims or 10 actions  
staple additional sheet here

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